D122746 SMITH BERNARD BURTO Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

	Section A—GENERAL INFORMATION	PLEASE LEAVE BLANK
	(a) Print name in full. BERNARD BURTON SMITH (b) Reg'l. No. D=122746 (c) Rank Fig.	
2.	(a) Arm of service	
	(a) Date of birth. A line and dependents? A line of enlistment. A line of enlistment. A line 1941.	
4.	(a) Place of enlistment	
5.	(a) State age on finally leaving school (b) Were you attending school or college up to the time of enlistment?	
6.	finally leaving school	
	(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	
7.	If you attended a university, give name of university and standing or degree secured.	
8.	(a) Did you ever (b) If so,	
9.	enter upon a trade for what apprenticeship? for what occupation? I continue to the finish it, how long apprenticeship? occupation? I continue to the finish it? I continue to the finish it, how long did you serve at it? I your to the finish it, how long occupation? I continue to the finish it, how long did you serve at it? I your to the finish it, how long occupation? I would be apprenticeship? (b) What languages	
_	do you speak fluently?	
10	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10.	(a) State whether you were WORKING or NOT WORK- (b) At time of en-	
	ING at time of enlistment. (Enter here only "Work- trade union or	
	ing or "Not working", professional society	
	lars are asked for below)	
	Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME	
	OF ENLISTMENT QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)	
11.	Had you ever been employed fairly regularly since leaving school?	
12.	(a) If answer to 11 be "Yes", (b) State how long you	
	state exact trade or occupation had worked at this at which you actually worked trade or occupation	
13.	If answer to 11 be "No", state exact trade or occupation for which you feel qualified	
14.	If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.	
15.	Give details of last	
16.	employer, if any: Name	
17.	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
	in a business of your own, state nature and address of business	
	Section E-PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	
o	OF ENLISTMENT UESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY	
	UESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT	
	IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21	
	Name of employer. Canadian-Johns-Manville Ltd. Address Asbestos, Que.	
	Nature of employer's business (for instance, "farmer", or "building asbestos minimas contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
20.	(a) Your Maching-shop welder (b) Number of years' experience at a year specific occupation. this occupation with any employer.	
21.	(a) Did your employer promise (b) Did your employer (c) Do you wish	
	definitely to give you refuse to promise you to return to your employment on discharge? to return to your employment on discharge? former employment?	••
	IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23	
	(a) State nature of business, (b) Where was	
23.	or professional practice	••
_	engaged in this businessreturn to the same or a similar business on discharge?	:
04	Section F—PARTICULARS OF FARMING EXPERIENCE (a) Do you wish to engage (b) Do you feel competent (c) If so, in what	
24.	in farming after the war?to operate a farm?kind of farming?kind	• •
25.	(a) Were you (b) How many years' actual (c) In what provinces born on a farm?	
	Section G—MISCELLANEOUS	
	Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	••
27.	If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)	
28.	State any employment preference or ambition you may have, other than indicated elsewhere in this form.	
••••		

DATE 1943 SIGNATURE Burnard Burton Amith

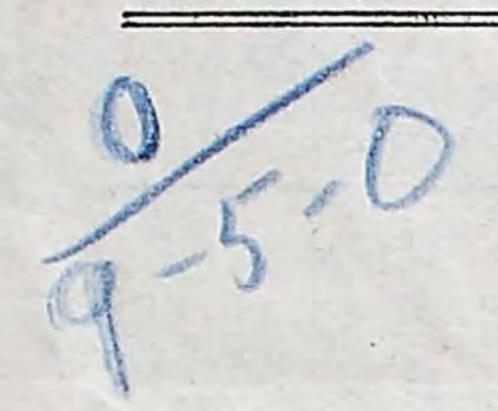
	12-41
Mr. Frank Smith,	
Asbestos,	San Maria Carlo Ca
Quebec,	

Any further communication on this subject should be addressed to:—

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:-

H.Q. 405-S-6155 FD 493



DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

	77	
April	11	194
		194

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

SMITH, Bernard Burton, Pte. D.122746

Canadian Army

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

Allewalas,
Director of Estates.

RLA/HO

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

grees		OTT ATEC	INFORMANT'S S	TATEM	ENT
grees of Rela- ion- ship	RELAT		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the D	eceased			
2	Children of the dates of their	Births			
3	Father of the D	eceased	Frank Hagh Smith	47.	assestos ques
4	Mother of the D		Mabel Clasissa Smith		asbestas Quebe
		Full			
5	Brothers of the Deceased	Blood			
		Half Blood			
.6	Sisters of the Deceased	Full Blood			
			Bastara Mabel Smith	18	Asbestos Quele
		Half Blood			
7	Names of brothers of the full or the Deceased, who are death of each.	or sisters (whether e half blood) of the re dead, and date of	Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Bernard Burton Smeth
9	Date of his birth.	May 19th 1921.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Richmond Que June 22 nd 1920
	PARTICULARS OF D	
12	Place where deceased was born.	Bromblonville Dueber
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	Bromptonville Puebec (a) 1 year Bromptonville Que (b) 18 years debestos Que (d)
14	Nature of employment before enlistment.	Electric Wilder.
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Asbestos Quebec
	PARTICULARS OF	
17	Did he leave a Will? If in your custody, please forward.	Made a will while in any Fewice. Possibly in pay book
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	not to my knowledge
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$ 2500 In abestos Quebec
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$5000 Reaver bond In asbestos que canada Cife armance co
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	mutal life assurance co metropolition le cosmance co
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	n one
	OTHER PARTICU	LARS
24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	<u>n</u> 0
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	γ_{o}
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and lone, and if a relative has already paid those expenses the Governauthorized in the Regulations. Any amount of such expenses is by the Government nor is it chargeable against the service estated	nment will reimburse such relative to the extent of the amount n excess of those authorized in the Regulations is not payable

DECLARATION

of the deceased. Signature of Informant
Informant
15 Se 5 705, 2-l Address
FICATE
edge and belief
Latter of the Deceased
ade by the Informant and signed in my presence.
the day of office 194.
Qualification Matary to The Date
I

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Insurance policies with Canada life and.

mutal Rife were taken out after Suptember 1939

and according to the Insurance was act and will

only refund premiums plus 3/2%.

The metropolitian is an accumulative policy.

will fray about \$650.

mutual Rife was a policy for \$2000

Conada Rife n " 1000

The deceased was paying for a 7th Victory loon

bond by deductions from army pay, would appreciate information on this bond.

WI.F.M. 2 A.F.B. 271

ORIGINAL DUPLICATE

FINCERPRINTED

200M-10-40 (7370) H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.) Regimental Number D-122746

CANADIAN ACTIVE SERVICE FORCE

	ATTESTATION PAPER
	Surname SMITH.
1	Christian Names BERNARD BURTON.
3.	Present address ASBESTOS. QUE.
Ŀ.	PLACE WITH BIR CANADA. QUEBEC BROMPTONVILLE.
1	DATE OF BIRTH MAY19th. 1921
-	(Country) (Country or Province) (Town or Township) Religion (state denomination) PRESBYTERIAN.
1	Trade or Calling WELDING APPRENTICE (ELECTRIC).
1	Married, Widower or Single SINGLE
	Name of next of kin SMITH FRANK.
	Relationship. FATHER.
	Address of next of kin ASBESTOS, QUE.
1	Do you belong to, or have you served in the Active Militia of Canada? NO.
	Have you served in (a) The Canadian Active Service Force?
1	(b) Any other Naval, Military, or Air (If Yes, Give Regimental No. and Unit)
-	(Yes or No) (If Yes, specify Unit and Period of Service)
	Did you serve during the Great War 1914-1918?
	(If Yes, specify Regimental No., Unit and Dates of Service) DECLARATION TO BE MADE BY MAN ON ATTESTATION
	I,
	war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after lemergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty
	uld so require my services.
	e 23 June 1941 Temard Duron Amith. (Signature of recruit)
	OATH TO BE TAKEN BY MAN ON ATTESTATION
	I, Semanti To BE TAKEN BY MAN ON ATTESTATION are) that I will be faithful and bear true allegiance to His Majesty.
	Detroop Dem In the (Signature of Recruit)
	CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER
	The Recruit above-named was cautioned by me that if he made any false answers to any of the above stions he would be liable to be punished as provided by law.
	The above questions and answers were then read to the recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly
	red as replied to, and the said recruit has made and signed the declaration and taken the oath before me,
	See a voge this as day of the 1941
	Signature of Magistrate, Justice or Attesting Officer.

ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Office or Rank and Unit or

Appointment.

5093				
29/MAY Record of Service of	Smith (Surname)	Bernerd Burton (Christian Names)	Regimental Number.	D-122746
6	QUALIFICATIONS		EDUCATIONAL QUALIFICATIONS	
NOV4 Military	None		Graduation)	
Business or Professional	N11	Collegiate Junior	ears completed Matriculation	(specify)
Trade or Civil	Apprendice Welder	*College	711	
Technical	NIL	*University	711	
Languages	English and French	*(Name of institution, courses or years con	npleted, and degrees obtained to be shown)	
All enlisted personnel will be taken	n on as Private soldiers, appointments and promot	tions to higher rank to be shown as provi	ded in the space below.	

	Report	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown Effective Date		Unit	Place	Authority			
Date	From whom received	on Strength of Field Force	Rank Shown	Effective Date	Omt	Liace	Part II D.O. No. Cas. List, etc.	Dated		
~/ /	12 10	Joined on appointment (CA) T.O.S. No 4 Army Field Workshop, RCOC	Pte.	23	HA a remove for					
2.0m6-4.4.	AFW/S	T.O.S. No 4 Army Field Workshop, RCOC	T. 06.	44-0-47	4 ALWIJS	estmount	Pt. 11, # 132	27-6-41		
•••••										
8-9-41		TOS ON T/A ON POSTING FROM HIS UNIT WESTMOUNT QUE	11	16-9-41	3.DD	TI SOUTH	4. DD PT II NO 22	4 18-9-4		
9-10-41		PROCEEDED ON COMMAND TO CNDN RMY SCHOOL	79	8-10-4	8.8	**	11 11 11 24	8-10-41		
		ADMINISTRATION ST JOHNS Que.								
-12-41	**	AWARDED (7)DYS.C.B.& FORFEITS A TOTAL OF								
		(1) DYS. PAY, UNDER THE PROVISIONS OF ART. 149 F.R.& I. FOR "A.W.L. "FROM 0100 HRS.								
••••••		1-12-41 UNTIL 1445 HRS.1-12-41 (ABSENT 13 HRS. 45 MINS).	PTR.	1-12-41	1	17	11 11 294	8-12-41		
2-2-42	E#	GRANTED (14) DYS. FURLOUGH FROM 31-1-42 TO		77 7 40		5	" " " "	77 7 40		
3-2-42	11	PLACED UNDER THE PROVISIONS OF R.O. 699.		ウェーナー4-Z			20			
••••••		OF .08cts.FOR DAMAGE TO BKS.FIXTURES UNDE THE PROVISIONS OF ART 55(1)FR&I. (AUTHY: CD	N.							
•••••••		SCHOOL OF ARMY ADMINISTRATION ST. JOHNS QU PT.II NO 12 DATED 27-1-42)	PTE.		11_	- 11	11 11 27	2-2-42		

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full	T. T. T. T. T.	12 12 13					The second second		
PlaceSh	erbrooke	.Que			Date	2 JUN 4	41		
	1. Informati				7	74			
. Age	20 2.	Have you eve	er suffered fro	m any of the	following d	iseases?	,	N D	
. Rheumati	ism		NO	k. Ear	disease			NO	2
. Tuberculo	osis		NO	I. Eye	disease			NO	10
. Bronchitis	s or asthma		NO	m. Epile	epsy			NO	1.2
l. Heart disc	ease		NO		ous or ment		E CONTRACTOR OF		- En
	r bladder diseas		NO		ilis			Cabrilla III	10°
	testinal			p. Gone	orrhoea	- The same - water come -	with the second	NO	SIT
			****		you everiw	100		1 - 8 - 14	00
					1 1 1 1 1 1 1 1				*****
	veins		1770	re	ou now or le	ility pension	n or com-	27.0	
	eformed feet		1/10	pe	nsation? If	so, give det	talls	2:11	1
. Nasal tro	uble		NO		Zunaso	Signat	ure of Applicant	mar	
Pupil	s & Refler Ishihara 2. Informati	ses Norms	11			X-Ray	1018	Logali	
1. Identific	ation marks or	scars. (If or	perative obtain	n history).					
Bir	thmark ri	thigh	V.ac.c.	ination.	left.arr	1			
							The state of the s		
9 Hoight	f	oot 11	inches	3. Weight	1491		pounds		
	5f	the said with			1 2	The second second	- Lawrence -	Good	1
	5 f	Eyes	Blue	5. Develo	1.49.3 pmentG	The second second	- Lawrence -	Good	I was in
4. Complex	cion. Fair	Eyes Hair	Blue Lt. Brow	5. Develo	pmentG.	The second second	- Lawrence -	Good Fair	I was in
4. Complex	easurement—G	Eyes Hair irth on full e	Blue	5. Develo	pmentG	The second second	- Lawrence -	Good Fair	I was in
4. Complex 6. Chest me	easurement—G	Eyes Hair irth on full example of expan	Blue Lt. Brow	5. Develon 3.6	pmentGinches.	ood		Good Fair Poor	
4. Complex 6. Chest me	easurement—G	Hair irth on full example of expanded in the context of expanded in the	Blue Lt. Brown xpansion	5. Develor n 	pmentGinchesinches. ng, right	.v.20	left. W. V.	Good Fair Poor	
4. Complex 6. Chest months 7. Vision, r 9. Condition	easurement—Gright20/20	Hair irth on full example of expanded in the content of the co	Blue Lt. Brown xpansion sion 20 Lonsi	5. Develon 36 8. Heari	pmentGinches. ng, right	ood.	left.W.V.	Fair	
4. Complex 6. Chest me 7. Vision, r 9. Condition 10. The abne	easurement—Gright20/20.on of mouth and ormalities (cons	Hair irth on full example of expanded the control of the contr	Elue Brown xpansion Sion Considerathological) for	5. Develor 3. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	pmentGinchesinchesing, right	ood as follows	leftWV.	Good Fair Poor	
4. Complex 6. Chest me 7. Vision, r 9. Condition 10. The abne	easurement—Gright20/20	Hair irth on full example of expanded the control of the contr	Elue Brown xpansion Sion Considerathological) for	5. Develor 3. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	pmentGinchesinchesing, right	ood as follows	leftWV.	Good Fair Poor	
4. Complex 6. Chest me 7. Vision, r 9. Conditio 0. The abn	easurement—Gright20/20.on of mouth and ormalities (cons	Hair irth on full example of expanded the control of the contr	Elue Brown xpansion Sion Considerathological) for	5. Develor 3. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	pmentGinchesinchesing, right	ood as follows	leftWV.	Good Fair Poor	
4. Complex 6. Chest me 7. Vision, r 9. Conditio 0. The abnormal	easurement—Gright 20/20 on of mouth and ormalities (constitutes)	Hair irth on full example of expanded in the control and properties and properties.	Elue Lt. Brown xpansion 20 Lonsi athological) for	5. Develor 3. 3. Serior 1. Serior 2. Sund on exampling the serior 1. Serior 1. Serior 2. Serior 3. Serior 4. Serior 4. Serior 5. Heari 6. Serior 6. Serior 7. Serior 8. Heari 9. Serior 1. Serior	inches. inches. ng, right. ed. ination are	v.20 as follows	left.W.V.	Good Fair Poor	
4. Complex 6. Chest me 7. Vision, r 9. Condition 10. The abnotation Left Part 3. reported in terms	easurement—Gright 20/20 on of mouth and ormalities (constitute of the remarks. Verice of the remarks.	Hair irth on full example of expandent and particular and part	Elue Brown xpansion	5. Develor 1. 36 8. Heari 1. semove and on example of the diseases ruit in accord	inches. inches. inches. ing, right. cd. ination are flat.bu: mentioned lance with t	as follows t not paid in Question he pamphle	left. V. V.	Good Fair Poor	
4. Complex 6. Chest me 7. Vision, r 9. Conditio 0. The abnormal Left Part 3. reported in t	easurement—Gright20/20 on of mouth and ormalities (constitute of the example).	Hair irth on full example of expandent and particular and part	Elue Brown xpansion	5. Develor 1. 36 8. Heari 1. semove and on example of the diseases ruit in accord	inches. inches. inches. ing, right. cd. ination are flat.bu: mentioned lance with t	as follows t not paid in Question he pamphle	left. V. V.	Good Fair Poor	
4. Complex 6. Chest me 7. Vision, r 9. Condition 10. The abnormal Left Part 3. reported in the and Instruct	easurement—Gright 20/20 on of mouth and ormalities (constitute of the remarks. Verice of the remarks.	Hair irth on full example of expandent and particular and part	Lt. Brown xpansion	5. Develor 1. 36 8. Heari 1. semove and on example of the diseases ruit in accord	inches. inches. inches. ing, right. cd. ination are flat.bu: mentioned lance with t	as follows t not paid in Question he pamphle	left. V. V.	Good Fair Poor	
4. Complex 6. Chest me 7. Vision, r 9. Condition 10. The abnormal Left Part 3. reported in the and Instruct	easurement—G R right 20/20 on of mouth and ormalities (constitute of the example of the meaning	Hair irth on full example of expandent and particular and part	Lt. Brown xpansion	5. Develor 1. 36 8. Heari 1. semove and on example of the diseases ruit in accord	inches. inches. inches. ing, right. cd. ination are flat.bu: mentioned lance with t	as follows t not paid in Question he pamphle	left. V. V.	Good Fair Poor	
4. Complex 6. Chest me 7. Vision, r 9. Condition 10. The abnormal Left Part 3. reported in the and Instruct	easurement—G R right 20/20 on of mouth and ormalities (constitute of the example of the meaning	Hair irth on full example of expandent and particular and part	Lt. Brown xpansion	5. Develor 1. 36 8. Heari 1. semove and on example of the diseases ruit in accord	inches. inches. inches. ing, right. cd. ination are flat.bu: mentioned lance with t	as follows t not paid in Question he pamphle	left. V. V.	Good Fair Poor	
4. Complex 6. Chest me 7. Vision, r 9. Condition 10. The abnormal Left Part 3. reported in the and Instruct	easurement—G R right 20/20 on of mouth and ormalities (constitute of the example of the meaning	Hair irth on full example of expandent and particular and part	Lt. Brown xpansion	5. Develor 1. 36 8. Heari 1. semove and on example of the diseases ruit in accord	inches. inches. inches. ing, right. cd. ination are flat.bu: mentioned lance with t	as follows t not paid in Question he pamphle	left. V. V.	Good Fair Poor	
4. Complex 6. Chest me 7. Vision, r 9. Condition 10. The abnormal Left Part 3. reported in the and Instruct	easurement—G R right 20/20 on of mouth and ormalities (constitute of the example of the meaning	Hair irth on full example of expandent and particular and part	Lt. Brown xpansion	5. Develor 1. 36 8. Heari 1. semove and on example of the diseases ruit in accord	inches. inches. inches. ing, right. cd. ination are flat.bu: mentioned lance with t	as follows t not paid in Question he pamphle	left. V. V.	Good Fair Poor	
4. Complex 6. Chest me 7. Vision, r 9. Condition 10. The abnormal Left Part 3. reported in the and Instruct	easurement—G R ight 20/20 on of mouth and ormalities (constitutions) We, the example the remarks. V tions for the meaning of t	Hair irth on full example of expandent and particular and part	Elue Lt. Brow xpansion 20 Lonsi athological) for et are s o evidence of ined the Recruition of recruition A	5. Develor 1. 36 8. Heari 1. semove and on example of the diseases ruit in accord	inches. inches. inches. ing, right. cd. ination are flat.bu: mentioned lance with t	as follows t not paid in Question he pamphle	inful. 2, Part 1, t "Physical	Good Fair Poor	
4. Complex 6. Chest man and Instruct Special remainstrate and Instruct Spe	easurement—G R ight 20/20 on of mouth and ormalities (constitutions) We, the example the remarks. V tions for the meaning of t	Hair irth on full example of expandent and particular and particular dical examinatory lower that	Elue Lt. Brow xpansion 20 Lonsi athological) for et are s o evidence of ined the Recruition of recruition A	5. Develor 36 8. Heari 1s. remove ound on exam lightly the diseases ruit in accord ts" and he is	inches. inches. inches. ing, right. cd. ination are flat.bu: mentioned lance with t	as follows in Question he pamphle or Category.	inful. 2, Part 1, t "Physical	Good Fair Poor	
4. Complex 6. Chest man and Instruct Special remainstrate and Instruct Spe	easurement—G R ight 20/20 on of mouth and ormalities (constitutions) We, the example the remarks. V tions for the meaning of t	Hair irth on full example of expandent and particular and particular dical examinatory lower that	Elue Lt. Brow xpansion 20 Lonsi athological) for et are s o evidence of ined the Recruition of recruition A	5. Develor 36 8. Heari 1s. remove ound on exam lightly the diseases ruit in accord ts" and he is	inches. inches. inches. ing, right. cd. ination are flat.bu: mentioned lance with t	as follows in Question he pamphle or Category.	inful. 2, Part 1, t "Physical	Good Fair Poor	
4. Complex 6. Chest many 7. Vision, r 9. Condition 10. The abnormal Part 3. reported in the sand Instruct Special remains	easurement—G R ight 20/20 on of mouth and ormalities (constitutions) We, the example the remarks. V tions for the meaning of t	Hair irth on full example of expandent and particular and particular dical examinatory lower that	Elue Lt. Brow xpansion 20 Lonsi athological) for et are s o evidence of ined the Recruition of recruition A	5. Develor 36 8. Heari 1s. remove ound on exam lightly the diseases ruit in accord ts" and he is	inches. inches. inches. ing, right. cd. ination are flat.bu: mentioned lance with t	as follows in Question he pamphle or Category.	inful. 2, Part 1, t "Physical	Good Fair Poor	
4. Complex 6. Chest man and Instruct Special remainstrate and Instruct Spe	easurement—G R ight 20/20 on of mouth and ormalities (constitutions) We, the example the remarks. V tions for the meaning of t	Hair irth on full example of expandent and particular and particular dical examinatory lower that	Elue Lt. Brow xpansion 20 Lonsi athological) for et are s o evidence of ined the Recruition of recruition A	5. Develor 36 8. Heari 1s. remove ound on exam lightly the diseases ruit in accord ts" and he is	inches. inches. inches. ing, right. cd. ination are flat.bu: mentioned lance with t	as follows in Question he pamphle or Category.	inful. 2, Part 1, t "Physical	Good Fair Poor	
4. Complex 6. Chest man and Instruct Special remainstrate and Instruct Spe	easurement—G R ight 20/20 on of mouth and ormalities (constitutions) We, the example the remarks. V tions for the meaning of t	Hair irth on full example of expandent and particular and particular dical examinatory lower that	Elue Lt. Brow xpansion 20 Lonsi athological) for et are s o evidence of ined the Recruition of recruition A	5. Develor 36 8. Heari 1s. remove ound on exam lightly the diseases ruit in accord ts" and he is	inches. inches. inches. ing, right. cd. ination are flat.bu: mentioned lance with t	as follows in Question he pamphle or Category.	inful. 2, Part 1, t "Physical	Good Fair Poor	
4. Complex 6. Chest man and Instruct Special remainstrate and Instruct Spe	easurement—G R ight 20/20 on of mouth and ormalities (constitutions) We, the example the remarks. V tions for the meaning of t	Hair irth on full example of expandent and particular and particular dical examinatory lower that	Elue Lt. Brow xpansion 20 Lonsi athological) for et are s o evidence of ined the Recruition of recruition A	5. Develor 36 8. Heari 1s. remove ound on exam lightly the diseases ruit in accord ts" and he is	inches. inches. inches. ing, right. cd. ination are flat.bu: mentioned lance with t	as follows in Question he pamphle or Category.	inful. 2, Part 1, t "Physical	Good Fair Poor	
4. Complex 6. Chest man and Instruct Special remainstrate and Instruct Spe	easurement—G R ight 20/20 on of mouth and ormalities (constitutions) We, the example the remarks. V tions for the meaning of t	Hair irth on full example of expandent and particular and particular dical examinatory lower that	Elue Lt. Brow xpansion 20 Lonsi athological) for et are s o evidence of ined the Recruition of recruition A	5. Develor 36 8. Heari 1s. remove ound on exam lightly the diseases ruit in accord ts" and he is	inches. inches. inches. ing, right. cd. ination are flat.bu: mentioned lance with t	as follows in Question he pamphle or Category.	inful. 2, Part 1, t "Physical	Good Fair Poor	

	Arrival at the Station	in	Admission to Hospit	al	fro	Discharg m Hospi Month	tal	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; is whether any particular treatment was adopted. In very whether mercury has been given. If an accident, state of inquiry was held. Date of issue and particulars of art	f mild or severe; if completely recovered from; nereal cases state nature of primary disease, and whether it occurred on duty and whether a Court ificial teeth or surgical appliances supplied.	Signature Medical Officer
JOHNS MLTY.HOSPITA		21	3	42	26	9		Scabies Left indirect inguinal hernia.		St John's Military Hos		L. DELLA
	16 Jun 43	5 6	Jul	43	8	Jul.	43	Hernia-Lt.inguin	al 3	Transfer to R.M.H. for r Unimproved. To unit.		
dean Bril Honge	16. ang 43	16	ang	43	8	Sep	43	Lt Hernia (ingr	inal	Healing wound, to Unit	gradually increased	
					THE STATE OF							
				500	100 co							
				10	Of APPLICATION							
					AD COLUMN							
									60			

And the Committee of the last

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I) A.F.B. 103 (Part I) 150M—3-42 (3885) H.Q. 1772-39-1649

PART I (For all ranks).

Regimental Number. D. 12.2.746 Unit (Battn., etc) 3. *Substantive Rank and Appointment.. *Acting Temporary or Local Rank..... *To be entered in pencil to facilitate alteration. 5. Date of birth as declared on attestation 19-may - 1921 9. (B) Special conditions (if any) of enlistment or rate of pay..... 16. (E) Miscellaneous entries.....

Notes-

- (A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
- (B) Whether for home service only, enlisted at special rates of pay, etc.
- (C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
- (D) Signaller, Farrier, etc.
- (E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Repo		(b)	(c) Record of all casualties regarding promotions (acting, temporary, local	(d)	(e)	(f)	(g)	
Date	From whom received	Unit	or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown	
			Qual Drr. IC Class III (W) SOS CON ARMY (CANADA) 20 NO	Woodstock	31. aug 44.	Rto.	D.O. # 195 0/30	Aug 44
••••••			TOS CON ARMY (O/S) ON TRANSFER NO. DISEMBARKED IN U.K. 28 NO.	V		pt	D. 0. 25A	IDEC
		CITR	TOS 3 CDN INFT, R 29 NO1 So 5 to 124 list C1C	UR	6-1-45	R6 S	2/	43
•••••		······	0.8. X4 LIST 7-1-45 (10 BN.)		7/1		17/45	
X-4(10 X-4(13)	Bn) D	g. Un	So5 to X-4 (13 Bm) R. H.C. TO5 Som X-4 (10 Bm) J. B. Un	mwc nwc	9 Fel 45	Pte Pte	24/45	
	00	LHC	Solto Black Wateh 1.5 from x 4 List Line. Sol 1-1x3 his FRHC.	fl:	387el-45 1 mer 45	PLE	30-45 19-20045- 19-20045	
5. mar 45	X3	RHR	TOS from ist Briblack Water		5 marys- 6 mar 45	- 13 La	33 d Man 4. 34/45-	5
	and the second second		sof elecent killed in action					
••••••								
	,							
•••••								

= + c h

Name SMITH. B.B.

R	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)		- Bircoure Bace			Part II D.O. No. Cas. List, etc.	Dated
5-2-42	4. D. D.	HAVING BEEN GRANTED (14) DYS. FURLOUGH (VIDE PT.II NO 26 DATED 31-1-42 PARA 11 SHEET 9.) WAS ISSUED WITH SPECIAL LEAVE & FURLOU						
		TRANSPORT WARRANT.M-137.	PTE.				4DD.PT.II NO 29	4-2-42
2-11-42		SOS on trans. to C.A.S.S. Esterel, Que., while on command to the aforementioned.	Pte	11-11-	42		#272	11-11-42
17-11-42			Pt	12-11-42	RCOC	Esterel Lu	65AAP11 154	13-11-2
		Having complied with the necessary training requirements, and naving served for more than six months without punishment totalling three (3) days forfeiture of pay, is granted an increase of twenty.			CAAS RCOC I	Cemptville	CAAS Pt II no.	L.3.
		(20) cents per diem im accordance with C.A.R.Q. 2772 and H.Q. 54-27-5-3, H.Q. 305-27-1 (Pay 10) with effect from						
		Special Leave and Transport Warrant		30Mar43	C.A.A.S.		G. O. 699 le CAAS No. 48 R.O. 1118	31 Mar 4
		No. 323747 from Bedell, Ont. to Asbestos Guebec is also granted an allowance of SUZ per diem in lieu of rations under RR & I (Can) Art. 196(4)						
•••••••		Admitted to Ottawa Military Hospital, Ottawa, Ont. w.e.f. 16 Jun 43 (Authy:MFB 292 d/16 Jun 43	Pte	16 Jun 4	5 CAAS RCOC	Remptvill	e CAAS Pt II #86	22 Jun 43
		Transferred to Rideau Military Hospital, Ottawa, from Ottawa Military Hospital	Pte	6. Jul. 43	RCOC	cemptville	CAAS Pt II #94	7 Jul 43
E		w.e.f. 6 Jul 43 (Authy: MFB292 d/6 Jul 43)	••••••	• • • • • • • • • • • • • • • • • • • •				

-

RankPte

Sheet No. 1 page 2

M.F.M. 1 & 2 (a) 700 M-8-39 (1697) H.Q. 1772-45-18

Name....SMITH, B.B.

I	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Ttank brown	i in	O III U		Part II D.O. No. Cas. List, etc.	Dated
		Discharged from Rideau Military Hospital Ottawa, Ont. w.e.f. 8 Jul 43 (Authy:Rideau Military Hospital Route Letter d/8 Jul 43		8 Jul 4	3 CAAS K	emptville	CAAS Pt II #95	
		Howing served for over two years in the Canadian Change (detine) is eligible	Ple.	15/w/ 43		••	·· · · · · · · · · · · · · · · · · · ·	15 July 3
••••••		Tower one gard earduet theners.						
		Was at Ottawa, Ontario medically examined and reclassified category "D", pending operation w.e.f. 23 Jul 43 (Authy: MFB 227 approved 9 Aug 43)		23 Jul 43	RCOC	emptville	CAAS Pt II #113	La Aug 43
		Admitted to Rideau Military Hospital, Otto Ontario, w.e.f. 16 Aug 43 (Authy:MFB 292 d/16 Aug 43)	awa "	16 Aug 43	CAASK	emptville	CAAS Pt II #116	19 Aug 43
		Discharged Mideau Military Hospital Otta w.e.f. 9 Oct. 43 (Authy: MFB 292 d/9 Oct.	wa. 43!	90.c.t43	CAAS R.C.O.C	Kemptvill	e CAAS Pt.II #145	15 Oct.
		Having qualified for the award of the Canadian Volunteer Service Medal under CARO 3929 is entitled to wear the ribbon w.e.f. 23 DEC 42.	P.te	23. De.c.	42.RCO.C	Kemptvil	Le CAAS Pt II No.	11.18.Jan.
		S 0 S on ceasing to cover off a vacancy on H W E on reposting to 3 A DD w.e.f. 24 Jan 44 Authy: K 55-S-4395(A)d/20 Jan 44	Pte	24Jan44.	RC	Kemptvi	leCAASPtIINo.	.1524Jan
		TOS 3A-DD o/t and posted to "B" Wing.	Pte.	25-1-44	3A-DD	K'ton	D.O. 21	26-1-44
•		SOS 0/T to No.24 CA(B)TC, Brampton, Ont	11	10-2-44	11		D.O. 34	10-2-44
	The #24	RTC BRAMPTON ONT ON TRANSFER FROM LINGSFOR		11.2.114	#24 BTC	BRAMPTON	0.0.1367	11.2.44

Marine .

Regimental No. D-122746

Rank Pte

Sheet No.....

M.F.M. 1 & 2 (a) 300M-5-43 (154) H.Q. 1772-39-1646

Name SMITH, B.B.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place		Authority
					D.O. Number	Dated
	722				871	
ios #84 btc brampton, ont. on transfer to 1914 Allders		10-4-4	#24 BTC	BRAMPTON	U, U, #	10-4-44
T.O.S. on transfer from No. 24 C.A. (B)T.C.	Pte			C Abershot N	S #91	14 Apr 44
Having attended 3" Mortar Number Course held at Al4 CITC from		12 Jun			11- (-	1.1.
12 Jun 44 to 30 Jun 44 is qualified QI					· #1.61	J.u.144
Att. FAP to S-5 C.D.&.M.S.	f1	20 Jul 1	11 21 11		#176	20 T117 H
Att fap from A-14 CITC.	11			Woodstock	# 156	20 Jul 44 24 Jul 44
Att fap from A-14 CITC. Qual. Dvr. IC class lll(W)	-11	31 Aug	44 11	11		30 Aug 44
Ceases att. fap from A-14 CITC Granted 14 days privilege leave with 4 days travelling time and R.A.	11	31 Aug	44 11	11	196	31 Aug 44
Granted 14 days privilege leave with 4 days travelling time and R.A. 9 Sep 44 to 26 Sep 44. T.W. # A782417.		9 Sep 44	- Al4 CITC	Aldershot NS	#218	7. Sep. 44
Ceases att. FAP to S-5 C.D.&.M.S.	(1)	1 Sep 4	11	97	#219	8 Sep 44
S.O.S. to No.1 Trng. Bde. Group.		15 Oct 4	11 11	11	#252	15 Oct 44
AI VI DI ALIGI DELLI GE	16 I.6	.IO. HH	TG BD GP	DEBERT	31 2 18	3/10/44
8. 0. 5 Tro. hph. sp. To seri al 2589	20	11.44	ra ed ap	DEBERT	346 20	/17/44
8.0.S., C.A. Canada						
T.O.S., C.A. Overseas 21 NOV	J. Ce	8	CITRIII			
Disembarked $=$ 28 NO				D 0 25	AID	EC4 C
Reported for Duty 29						
(.90 505 <06 VUL - CII	Q.	1 - 10	20170	1111	~	~
(.80 505 505 X4L-CIC		6 10h 4 3	2011	00		1. Van 45

Regimental No. D-122746 Pte.

M.F.M. 1 & 2 (a) 300M-5-43 (f54) H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	D.O. Number	Authority
Disembarked at. M. M. Fr. Oh. M. Janus -	Pre,	A Lenden	Juf Gan. L	uell BY AC1.	14.	21 Jan 45
Sos Jos XIII lov ló Rider de Sos Tos Tos Jon XII lov Blech Weigh. Sos Sos lo X 3 lov Blech World.	Ple.	Q madux	RHOC-	2108b 2108b 6. L. ASS	6-1	16 houses
505. Sos & 3 list li RHG. 505. Sos Deceased helled in action	11	1 30 F	THE CLASS	2108b.		

HEATTON DEFENDA

9	-3	-4	5
_/	/		/

AWARDS—CANADIAN ARMY (ACTIVE)

1930



FEB. 500M—1-44 (3467) H.Q. 1772-45-8

			FILE NA 05-S-6155
SMITH, Bernard Burton	D.122746	Pte.	Black Watch of Can.
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED				
1939-45 Star France-Germany Star War Medal CVSM & Clasp	2794. /3.3.50				

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

(1) MEDALS PERSON ENTITLED TO	Mrs. Mabel Smith	Mother		MORIAL BAR
ADDRESS: (2) MEMORIAL CRO	Asbestos, Que.			DESP
WIDOW			(2)	
1930 ADDRESS:	Mrs. Mabel Smith	(ENGLISH)		
(3) MEMORIAL CRO	Asbestos, Quebec.	(MFM 5.)		
ADDRESS:			(3)	DESP. MAY 9 1945 REGN No. / 85.8/

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

(1) Name of Officer of Other Rank. SMITH (Surname first—Christian names in full—Block capitals)
Bernard Burton
(2) Regimental or Air Force Number and Rank. D-122746 Pte.
(3) Unit No 4 Army Field Workshop, R. C. O. C.
(4) Are you married? N/A
(5) If married, state,
(a) Full name of your wife
(b) Present postal address of wife N/A
(6) If married, have you been regularly supporting your wife? If not—state reasons
(7) Are you a widower? N/A
(8) Have you any children? N/A. Number of boys. N/A. Girls. N/A.
Names and ages
(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regu-
larly supporting them
Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.
Name
Postal Address
[SEE OTHER SIDE]

Mad I de la compacta del la compacta de la compacta de la compacta de la compacta del la compacta de la compacta del la compacta de la compacta del la compacta de la compacta del la compacta del la compacta del la compacta del la compacta della compacta della compacta della compacta della compacta della della compacta della compacta della compacta della compacta d

1 4	Have you a common-law wife—whom you have been regularly supporting and publicly repre
	senting as your wife for at least 2 years immediately prior to appointment or enlistment?
	If so, state her full name and Postal Address
11)	Is your father alive? Yes
	If so, state name and address, occupation Mr. Frank Smith, Asbestos, Que Locomotive Engineer
(2)	If your father is a widower and is totally incapacitated from earning a living—are you his so
1	or partial support?
(3)	If sole or partial support of father who is a widower, totally incapacitated from earning a livin
	—state what amount per month you have given him prior to appointment or enlistment
	Also state reason he has no other means of support if partially supported by you, what is you
	reason for not providing full support? N/A
4)	Is your mother alive? Yes
	If so, state name and address Mrs. Mabel Smith, Asbestos, Que.
5)8	If your mother is a widow, are you her sole or partial support?
	If sole or partial support of widowed mother—state what amount per month you have given he
	prior to appointment or enlistment.
	Also state reason why she has no other means of support, if partially supported by you what
	your reason for not providing full support?
17)	Are you contributing to the support of any dependents, other than those shown above?
	Relationship
	Full Name
	Postal Address N/A
	Amount contributed monthly during the past six months
	Amount contributed monthly during the past six months

	Are you insured?Yes
	If so, in what Company? Canada Life Insurance Co., (Give number of policy)
	Have you made arrangements for payment of your Insurance Premium?
	I hereby certify that the information given by me on this form is correct in each and ever particular.
	Bernard Burton Smith. (Signature of officer or man)
	Date 23rd. (Signature of officer or man)
	Ah. (1):00. 10/0

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

NOD. 122746 Rank Private Name SMITH, Bernard Burton
Unit Black Watch (RHR) Date of death 9th Mar., 1945.
Died at Germany
Cause Killed in action
Death occurred on strength of Forces H.Q. 405-S-6155
N/K Mr. Frank Smith Relationship Father
N/K Mr. Frank Smith Relationship Father Address Asbestos, Que.
Remains buried in Germany Cdn Temp Mil Cem Bedburg Cemetery Row 25, Gr. 16
CHK /
Grave location

jmegen Canadian Military Cemetomiles S.E. of Nijmegen, Hollan

BURIAL REPORT TO N.K. AUG 7 1946
RETURN TO BUR. OF STAT. JUN 41945
ROYAL MESSAGE DESP'D. APR 1 1 1945
CAN. MESSAGE DESP'D.APR 1 1 1945

Temp B R sent to N K

Frave 7, row E, plot 8.

Il & CR Form Despd. JAN 28

Photographs

Despatched

JAN 23 1948

10M-1-45 (M-4608)

WILL

M.F.M. 10 200M-6-41 (693) H.Q. 1772-39-1656

4	(1) I, Bernard Burton SMITH (Name in Full)	, of the Town (City, Town, Village, Township)
Address in civil life.	of Asbestos, in the County of District of	Richmond
	, , , , , , , , , , , , , , , , , , , ,	Lding Apprentice (Civil Occupation)
	Regimental No. D-122746, Unit CA all former Wills by me made and declare this to	C(Others) BJ do hereby revoke
Relationship, names and address of beneficiaries, and what each is to receive.	(2) I Give, Devise and Bequeath unto my Moth Asbestos, Quebec, all my real whatsoever and wherever situated and benefit.	and personal estate
Relationship, names and address of residuary	(3) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
beneficiaries.		
	(4) I appoint Mr. Frank SMITH, Asbest	tos, Quebec (Address)
		the Executor of this my Last Will.
	(Civil Occupation) IN WITNESS WHEREOF I have hereunto set 19 44.	
	Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.	nasof Surton furith. (Signature of soldier)
First witness sign here.	(5) Signature Shillsoin Civil Address (19 Hour Skul) Civil Occupation land manufacte	Desouto Clat
A 484	Civil Occupation low manufacte	Les.
Second witness sign here.		
	Signature B. M. Durand Civil Address R.R. M. Mar	me du.
	Civil Occupation Acting	arker.
	(Witnesses are not to be beneficiaries.)	[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

- (1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.
- (2) If only one beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If more than one beneficiary, set out in clause (2) what each is to receive, such as

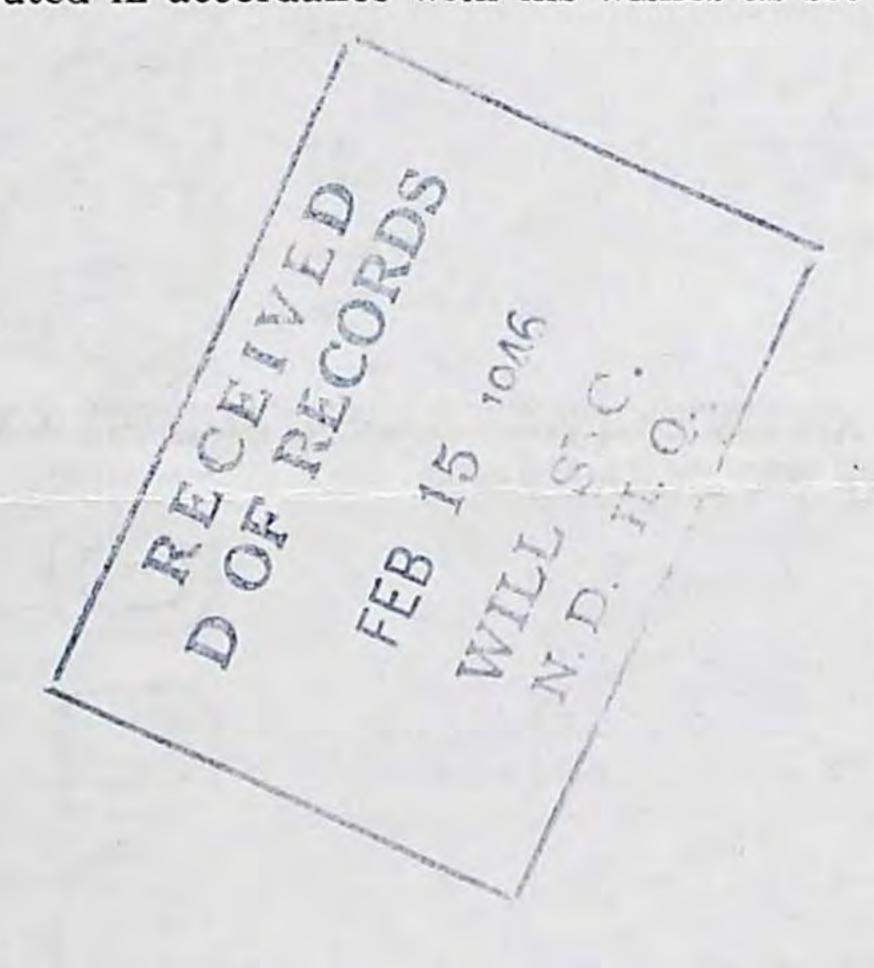
- "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$......00, and my household goods and effects,"

- and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

 When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

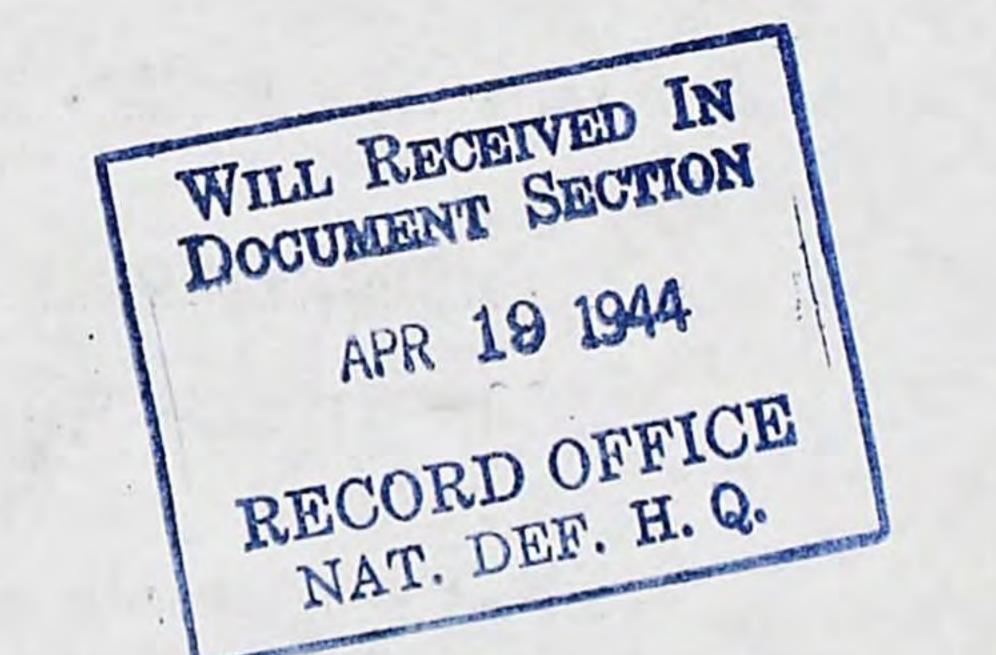
GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.





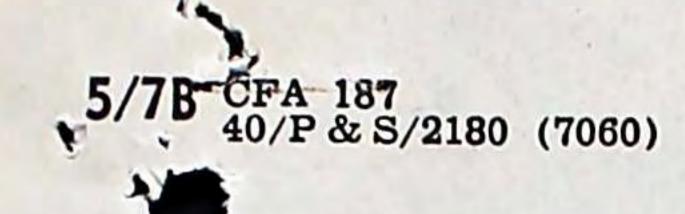




Receipt is Acknowledged

APR 181944

(C. L. LAURIN) Colonel
Director of Records,
for Adjutant-General



CANADIAN MILITARY HEADQUARTERS

2

ESTATES BRANCH INVENTORY

of personal effects received by Casualty Section, No. 1 CKSD

Ring Cig Lighter Cig Case CLeather New Testament Papers Photo	BY .C-5591 Pte Patterson .1 ND .B-6410 Rfn Shaw R.V.		
	Idghter g Case CLeather Testament		

ORIGINAL DUPLICATE TRIPLICATE

To Officer i/c Estates with original inventory, if any.

QUADRUPLICATE—with effects.

It Satterson of

for OC 1 Cdn KSD

No.	2	2	H	2	2	+	2	1									
TAO.						•											

CANADIAN MILITARY HEADQUARTERS

RECORDS OFFICE

CASUALTY REPORT

Name (in full)	RD BURTON
NoD_1227.46 RankP.T.E Unit	BLACK WATCH
Hospital (UK only) in which death took place, if applicab	le
RU (UK only) to which posted on admission to hospital Casualty KILLED Date 9 MAR 45 List No.	
If PW or Interned; Number and Address	
Previously reported	OIC R 5 Wing (Cas Sec)
NEXT OF	KIN
1. Canada or U.S.A.—Yes/No (if No, complete No. 2)	
2. Name (in full)	
Relationship Address	
3. Any relatives in UK from MFM 5, or any other source	e, including children born overseas. If none so state.
Date of marriage, if known	
WILL, EFFEC	TS, ETC
1. No will here (or) will herewith dated	Beneficiary (Relationship) Executor
(Name) (Addre 2. Bank account—name of bank, etc	ss)
3. Kit privately stored—name of custodian	
4. Particulars of debts, remarks, etc	
MAR 22 1945 Date	Schlancel L.
ORIGINAL — With will, if any to OIC Estates, ' CMHQ. DUPLICATE — To file.	OIC R 3 Wing (Non-effective Pers) for OIC/Records, CANADIAN MILITARY HEADQUARTERS

- 1	C			
-	4		10	
	C		-	
	_			
	v	•	-	
- 1		Ú.	4	
	ask.	~		
	-			
	P	1	_	-
	1			30
		-		
	10			-
	IX.	1	-	J.
	-	Į		>
	100	7		
	-0	1	-	129
	18		1	(a.)

Do not write in his space

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANS	SCRIPT
Official name of civil municipalicivil municipalicivil or township	Place an X over the word which applies to this municipality or this territory City Town Village Parish Township
DEATH Street No. Hospital or Institution	Total Tanago 2 and to 2 and to 2
2. LENGTH (a) In hospital Years Months Days (b) In municipality where death occurred (c) In Province Years Months Days	s (d) In Canada (if immigrant) Years Months Days
NAME Surname CONFIDENTIAL MEDICAL	CERTIFICATE OF DEATH
OF DECEASED Given names. Bernard Burton (Block letters) write in this space 22. Date of death. March	th 10 45
(Month)	(Day) (Year)
Official name of civil municipali-	ased from to
v or cownship	
Z4. CAUSE	
5. SEX 6. NATIONALITY (Citizenship) 7. RACIAL ORIGIN Widowed or Divorced (Write the word) Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, due to	Killed in action.
Morbid conditions, if any, giving (b) rise to immediate cause (stated in	
order proceeding backwards from due to immediate cause). Province or Country) order proceeding backwards from due to immediate cause).	to
1. DATE OF May 19th 1921 Other morbid conditions (if important) contributing to death but not	
(Month) (Day) (Year) causally related to immediate {	
DECEASED	
III mentioned on this certificate, {	ppearance19
13. Trade, profession or kind of work, as spinner, Electric WeldingApprentice teamster, office clerk, etc	of diseasedays
25. If a woman, was there a puerperal condition?	
business, as cotton-mill, lumbering, bank, etc	to of
18. BIRTHPLACE 27. If death was due to external causes (violence)	fill in also the following:—
Country)	TADILE.
FATHER SMITH Frank (State which	1919
Manner of injury	(How sustained)
(Maiden Name) Nature of injury	(220 II Bustaineu)
0. Date of burial Signed	
Signed	M.D.
or church	Date19
(b) Civil municipality of cipality of cipa	Name of clergyman in charge of Register of Civil Status in which registration of this
Ge (c) Municipal	burial was made.
ESE Continue 6.8.	
(d) Date	(Voir l'autre côté pour le français)
Director of Records, D	ept. of National Defer

EEB

OVERSEAS CDN RECORDS OFFICE

GRAVES REGISTRATION FORM

SMITH, Bernard Burton Place and Bromptonville, Que. Date of Birth 19 May 1921
nk Pte. Regtl No. D-122746
nitBlack.Wa.t.chAEF Next of Kin (.Fa.ther.)MrFrankSMITH
Address Asbestos, Quebec,
C.anada
PARTICULARS OF HOSPITALISATION
FARTICULARS OF HOSPITALISATION
Name and Location ate of Admission
agnosis
PARTICULARS OF DEATH
ate of Death
Hrs
use of Death
PARTICULARS OF BURIAL
PARTICULARS OF BURIAL
PARTICULARS OF BURIAL ate of Burial 10 Mar 45. Cemetery Cdn. Temp military cemetery Bedburg MR. 931527 Sh.4203
PARTICULARS OF BURIAL ate of Burial 10 Mar 45. Cemetery Cdn. Temp military cemetery Bedburg MR. 931527 Sh. 4203 eath Cert No. Location of Cemetery

Extracted from Burial Records, OVERSEAS CDN RECORDS OFFICE, ACTON, LONDON, W.3.

TRADE TRAINING

3" Mortar

Regt'l No. D. 122746 Rank Pte. Name SMITH, TradeMutomotive 1. ENTRIES BY PERSONNEL SELEC-3. CANADIAN ARMY TRADES 2. TECHNICAL SCHOOL TION OFFICER AND O.C. UNIT OR SCHOOL ADVANCED T.C. Unit or Adv. T.C. A-14 C.I.T.C. Date of Entry..... Aldershot Camp, N.S. Date of Entry..... Date of Leaving..... Date of Leaving..... Rating Rating..... Remarks:.... REMARKS:.... Army Examiner Considered Commanding Officer Principal Commandant CANADIAN ARMY MOTOR MECH-6. OTHER CENTRE 5. CANADIAN D. & M. SCHOOL ANICS SCHOOL (including INDUSTRIAL FIRMS) Course Dyr I.C. Date of Entry 24 Jul 44 Date of Entry..... Date of Leaving 1 Sep 44 Date of Leaving..... Rating Dyr I.C. Date of Entry..... REMARKS: Class 111 (W) Date of Leaving..... Rating..... Remarks: Commanding Officer Officer i/c Trades Trg. WOODSTOCK. ONT. 7. ADVANCED TRAINING CENTRE 8. TRADE TEST 9. DISPOSAL (ARMY APPLICATION OF TRADE) No. of T.C..... Trade..... Where Despatched..... Advanced Course..... Trained Soldier Coy..... Where Tested..... Date of Entry..... TRADE TEST BOARD-Date of Leaving..... (Further remarks or records on reverse side) Rating Remarks: President Member M. F. M. 105A 75M-9-43 (1788) Commanding Officer Member H.Q. 1772-39-1797

3/45A MFM 510 CANADIAN ACTIVE SERVICE FORCE

District	 	 	 ٠.	 	 7.

OVERSEAS

Dispersal

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D122746. Rank and Name		S.	AITH B.B. PIE.		
of (Unit)	•••••••		onon		
(Transfer or Discharge)	ta:		on 9th March.45	•19	
Reason Death	•••••••		Authority . C. C. L. "A" 555 d/16th	Mar.4	5.
The following is a statement of the account of the the inclusive date of transfer or discharge.		ned from. Dr	1st Mar: to 31st Mar: 19	45. C	
Particulars	Am	ount	Particulars	Am	ount
Balance Dr from last account			Balance Cr from last account	69	72
First Monthly Payment			Regimental Pay 31 days at \$1.50	46	50
Casual Payments			Tradesmen's Paydays at\$		
Payments on Transfer or Discharge			Additional Pay (Give Particulars)\$\$		
Assigned Pay			Allowances (give particulars)days		
			at		
Public Stoppages (give particulars):			D.P.Int:		36
To Balance Cr { Free	54	58			
Deferred	62	00	By Balance Dr		
Total	116	58	Total	116	58
			BJECT TO ANY CHARGES		
AND/OR CR	EDITS EN	DORSE	D ON THE REVERSE HEREOF		
Remarks					
A.P. \$5.22. (Mutu	al Lif	e Ins	Co.) Stopped eff March.45.		
A.P. \$8.40 (7th.	V.I.	Cance	alled eff Nov.44.		
					•••••
				ES'	C.
***************************************					11.
••••••				56 60	
			13	3	1945
				I Day	CNCE.
***************************************		••••••		T. H. H.	1,
Compiled to D. Mar Komalana					
Compiled by Checked by	······		Certified correct Wolland		
Date7.5.4-1			for Chief Treasury Officer, Overse	eas	

ARMY

HG

Name:	ITH	Bernard	B.	No.:	D.122746
1 (21111 C	Surname	Christian Names			
Pte	•	C.A.0/S		9-3-45	
Rank		Unit		Da	ate of Death
			AMOUNT	A CONTRACTOR OF THE CONTRACTOR	374.97
				L. P. C\$	117.66
	Dat	e: 2-4-46		Other Credits	
				Total	492,63 117.66 374.97

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Mabel Smith, Box 62, ASBESTOS, Que.	\$374.97
		(Sole beneficiary under will)	
		DO NOT REMOVE FROM FILE	
		P4. TO TREAS. 9-4-46 N. P#103	W.S.G.

AUTHOR	RITY				
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	овј.	AMOUNT
9999	731	00	00	001	\$574.97
CLASSIFIE	BY		EXAM	INED BY	
1				For C	hief Treasury Offic

DISTRIBUTION APPROVED AND AUTHORIZED

(L/M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$_____OF \$

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

CHECKED BY PREPARED BY KRM

TREASURY DATE CHECKED BY

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

SERVICE REPRESENTATIVE

DEPARTMENT OF FINANCE

6.28



To Smith, Bernard Burlon

Reg. No. 20-122746

RAWY - ARWY - AIR

The undermentioned bond (s) purchased under the Dominion Government Employees'
Instalment Purchase Plan was (were) forwarded by Registered Mail on 1997-30, 1944

to broken Inches

37 Belverless Jh.
Street Address

City, Town or P.O.

in accordance with instructions shown on your application form.

Dominion of Canada Series 4-1407711

Talue \$ 50

Chief Clerk
Employees' Instalment Purchase Plan

2 Med



M.F.M. 267 50M-9-44 (5634) H.Q. 1772-39-1989

CANADIAN NATIONAL TELEGRAPHS

JP

FILE H.Q. 405-8-6155

CASUALTY (REPORT DELIVERY)

OTTAWA 15 MARCH 1945

TO:- MR FRANK SMITH
ASBESTOS P Q

HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION NINTH MARCH 1945
STOP YOU SHOULD RECEIVE FURTHER DETAILS BY MAIL BIRECT FROM THE
UNIT IN THE THEATRE OF WAR STOP TO PREVENT POSSIBLE AID TO OUR
ENEMIES DO NOT DIVULGE DATE OF CASUALTY OR NAME OF UNIT

PREPAID

DIRECTOR OF RECORDS

29th March, 1945.

Mr. Frank Smith, Asbestos, Quebec.

Dear Mr. Smith:

It was with deep regret that I learned of the death of your son, D122746 Private Bernard Burton Smith, who gave his life in the Service of his Country in the Western European Theatre of War on the 9th day of March, 1945.

received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

he so bravely made.

Yours sincerely,

Major - General Adi mot - General

(MAR 29 1945), (Major-General, Adjutant-General.

ARR

morn of the months

Mr. Frank Smith, Asbestos, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, D122746 Private Bernard Burton Smith, have been carefully exhumed from the original place of interment and reverently reburied in grave 7, row E, plot 8, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

for C.L. Laurin, Colonel, Director of Records, for Adjutant-General.

/EMA